each training class. We will use data collected from our survey to provide a model that other programs may follow to create and implement a peer mentoring program.

22 Implementation of a "Family Orientation" as Part of New Resident Orientation

Hartrich M / Los Angeles County + University of Southern California Emergency Medicine Residency, Los Angeles, California

Background: Despite recent research, there is a paucity of data describing the effects of personal relationships (familial, romantic, platonic) on resident wellness. We explored the literature for existing curricula addressing the personal relationships of emergency medicine (EM) residents but found no family-focused orientations. Residency orientation is an important onboarding opportunity and an ideal time to implement a wellness initiative to include individuals on whom residents rely for support.

Educational Objectives: We developed a family orientation for new interns and their support networks with three objectives: to discuss the effect of residency on personal relationships in a confidential and non-judgmental setting; to connect family members to add support for non-residents; and to establish a community of residents and their support networks for social events during the year.

Curricular Design: Participants included 15 interns and nine family members within one EM residency. Family members were identified by interns as sources of support and invited by the organizers. Family orientation was scheduled during the general orientation for the interns in June 2018. The session was three hours in length followed by a social activity off-site. Family orientation was led by three residents, their partners, and one faculty member, who have interest in the wellness of personal relationships during residency. Orientation opened with a survey for residents and their families. Each group received a similar survey that explored topics such as expectations of time with family, ability to balance work and home, and comfort discussing work. This was followed by a facilitated, large-group discussion about logistics of resident life, burnout, families' roles in residency, self-care, and home-life expectations. Attendees were then split into two small groups: residents were led by senior residents, and families were led by the partners. A post-orientation social event followed, which was the first in a series of monthly events open to all residents and their support networks.

Impact/Effectiveness: We plan to implement a midyear survey to follow up the questions asked before the orientation to assess the utility and impact of this orientation and subsequent regular social events on both resident wellness and family inclusivity in resident life. The results of this survey will be available at the CORD Academic Assembly.

23 A Novel Approach to Remediating Communication Skills in "At-Risk" Residents Using Professional Coaching

Bodkin R, Spillane L, Pasternack J, Rotoli J, Marks L, Nobay F / University of Rochester, Rochester, New York

Background: Interpersonal and communication skills (IPC) are critical ACGME core competencies that are difficult to objectively assess and remediate. A resident struggling to effectively communicate with patients and colleagues affects his or her ability to establish rapport, obtain an accurate history, and work in teams. These deficits result in poor evaluations and patient complaints, creating a need to deploy comprehensive remediation plans, which are difficult to create and implement.

Educational Objectives: We identified residents with poor IPCs early in their training in order to implement a novel remediation plan that provides competency-focused feedback and individualized strategies to improve performance.

Curricular Design: When a resident falls below a minimum threshold in IPCs, our program contracts with a patient- and family-centered communication coach to shadow the resident in the clinical setting, and evaluate strengths and weaknesses in communication. A comprehensive micro-skills checklist is used over multiple patient encounters to evaluate behaviors related to 1) ability to develop initial rapport; 2) gathering of pertinent information; 3) building relationships; 4) explaining / planning; and 5) closing the session. After the shadowing, the coach and resident debrief with specific suggestions for improvement. Feedback is given to the program for incorporation into the resident's individualized learning plan. The resident's partnership with the coach is critical to the success of this innovation.

Impact/Effectiveness: Without specific feedback, it can be challenging to correct subjective impressions of "poor communication." Our approach allows for early detection, objective data collection, and a specific plan for remediation and evaluation. While all programs may not have access to a professional coach, a trained observer using the micro-skills checklist can help remediate deficiencies. Over the past four years, we have used this intervention with multiple residents, and mitigated the need for formal remediation or probation.

24 The "EM in 5" Curriculum: Learner and Presenter Perceptions

Olson A, Moore Q, Olson N, Weber W, Derstine A, Heuton M, Ahn J / University of Chicago, Pritzker School of Medicine, Chicago, Illinois

Background: There has been a push by medical educators and learners away from lectures and toward the use of active learning strategies and non-traditional teaching sessions. Emergency medicine (EM) residents rate non-

traditional teaching sessions higher than lectures. Also, adult learners often prefer highly relevant learning as opposed to longer lectures. In response to these needs, the "EM in 5" curriculum was implemented; we collected learner feedback and perceptions to assess feasibility and acceptability.

Educational Objectives: The objective of the "EM in 5" curriculum is to provide a high-yield brief teaching point during didactic sessions for EM residents in five minutes.

Curricular Design: "EM in 5" was developed and implemented at the University of Chicago EM residency; Postgraduate year (PGY) 1-3 residents attended the sessions. The "EM in 5" format was developed to challenge PGY-2 residents to teach a five-minute, high-yield learning point during scheduled didactics. Additionally, the format allows for more focused attention by learners and a change of pace during our weekly didactic conferences. Non-traditional lecture formats are encouraged including live demonstration, discussions and videos. Guidelines include a strict five-minute limit, ≤3 slides with words, ≤10 words per slide, and presenters are encouraged to include graphics or visual representations. Regardless of the format, they need to deliver "3 to remember" concise take-away points as a summary. Additionally, residents create an index-card size handout that visually organizes the material to be distributed following the presentation.

Impact/Effectiveness: A survey was administered assessing resident perceptions as learners and presenters. Response rate was 40% with 27 residents (29.6% PGY-1, 40.7% PGY-2, 29.6% PGY-3) participating. The majority of residents rated "EM in 5" highly; additionally, most rated the "EM in 5" format more highly than both 20-minute and one-hour lectures. Of the 17 respondents who presented an "EM in 5," the majority rated the "EM in 5" format highly and enjoyed it more than preparing a one-hour lecture.We view this innovation as an impactful addition to our conference. In the future, we aim to study the impact on knowledge retention. Based on these preliminary findings, we encourage other programs to adopt similar concise presentations within their didactic platform.

25 Escape the Trauma Room

Podlog M, Sanghvi S, Husain A, Greenstein J / Northwell Health Staten Island University Hospital, Staten Island, New York

Background: Traditional conference didactics often do not effectively meet the learning needs of today's emergency medicine (EM) residents. Educators have been moving away from hour-long lectures and are now employing various interactive approaches to engage learners. *Escape Room* is a popular adventure game used for entertainment and team building in which participants must work together to solve a series of puzzles to escape a locked room. The concept of an *Escape Room* educational activity offers the potential to expand an educator's repertoire of active learning methods.

Educational Objectives: Our aim was to adapt this game design to teach core EM content and procedural aptitude and create an engaging and team-building activity. Content taught included toxicology antidotes, electrocardiograminterpretations, and airway and ventilator management. Procedural skills included arterial line transducer setup, airway foreign body (FB) retrieval, and cast removal.

Curricular Design: EM residents were debriefed outside the trauma room. Upon entering the room, learners were faced with a series of puzzles. The first three puzzles that could be solved all yielded a separate number to eventually open a locked box. These puzzles included a toxicology antidote matching puzzle, a maze with airway and ventilator management questions, and a series of EKGs with questions. Once the locked box was opened, the learners were able to retrieve additional clues that would allow them to solve the remaining puzzles. These included airway FB retrieval, setting up an arterial line transducer, using a cast cutter, and solving a jigsaw puzzle for a visual diagnosis prompt. These last four puzzles helped decipher a phone number, which led to completion of the activity. Learners were debriefed and later given a lecture summarizing the topics covered.

Impact/Effectiveness: The *Escape Room* construct was successfully adopted as an engaging technique to teach EM core content and procedure skills. To gauge effectiveness, residents completed an anonymous survey after the educational activity: 82% rated this activity at a 5 on a 1-to-5 Likert scale on educational value; 94% stated the topics covered were very relevant to EM; and 100% stated they would want to do this activity again. Written comments were all overwhelmingly positive. This unique alternative educational activity can be easily implemented at any EM residency program.